



PARTICIPANT DIABETES INFORMATION FORM



Participant _____

Date _____

Parks & Recreation Department
Adapted Programs
620 Laguna Street
Santa Barbara, CA 93101
(805) 564-5421
www.sbparksandrecreation.com

The registration information submitted for the above participant indicated the participant has diabetes and is **independent** with their care. Please answer the following questions so we may better understand the participant's medical needs.

CONDITIONS, SYMPTOMS & TRIGGERS

Type of Diabetes ☐ Type I ☐ Type II Age diagnosed _____

BLOOD GLUCOSE TESTING

Is participant aware of when their blood sugar is too low or high ☐ Yes ☐ No

Can participant correctly test their blood glucose levels ☐ Yes ☐ No

Exceptions _____

DIABETES MANAGEMENT PLAN

Additional snacks are needed: ☐ Before exercise ☐ After exercise

☐ Other times (specify) _____

Preferred snack foods _____

Foods to avoid, if any _____

Instructions for when food is provided to all participants _____

Is the participant able to fully monitor and manage their diet requirements? ☐ Yes ☐ No

Exceptions _____

How is the participant's insulin administered? ☐ Injections ☐ Pump ☐ Inhaler ☐ Oral ☐ Other

Signature of participant OR, for minors and dependent adults, the custodial parent or legal guardian:

✓ Signature _____ Print Full Name _____ Date _____